

CONTRACT #20
RFS # 318.66-033

Department of F&A
Bureau of TennCare

VENDOR:
Windsor Health Plan of
Tennessee, Inc.
d.b.a VHP, Inc.

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

JUN 09 2006

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required.
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT
CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-033		
STATE AGENCY NAME :	Department of Finance and Administration, Bureau of TennCare		
SERVICE CAPTION :	Managed Care Organization Services/Medically Necessary Health Care Services to the TennCare/Medicaid Population		
CONTRACT #	FA-02-14864-00	PROPOSED AMENDMENT #	10
CONTRACTOR :	Windsor Health Plan of Tennessee, Inc. d.b.a. VHP, Inc.		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		
CURRENT MAXIMUM LIABILITY :	\$346,710,139.48		
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	\$353,091,736.48		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			

This amendment provides modifications to MCO language including: (1) Fraud and Abuse clarification regarding MCOs investigative work in conjunction with the Office of Inspector General; (2) Redefine targets to move away from trends and provide consistent benchmarks among MCOs, including increasing EPSDT benchmark to 80; (3) Modify Credentialing to 30 day performance standard from receipt of completed application for reviewing and loading into system; add LD for non-compliance; (4) Revise Liquidated Damages to add specific LDs, clarify language of compliance with notice requirements vs. appeals, and provide consistency with Middle TN RFP Pro Forma; (5) Update benefit package to reflect current requirements for July 1 including soft limits and cost effective use of Chiropractic services; (6) Update Appeal language to reflect recent Grier filings; (7) Revise provider payment requirement to reflect current operations, TPL, Utilization Summaries and 1099; (8) Make revisions for consistency throughout the Agreement, including EPSDT, Provider Agreement, and Reporting; and (9) Provide funding to continue services for additional six month period.

(2) explanation of need for the proposed amendment :

This amendment is needed to make above modifications as well as provide funding for additional six month period.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

215 Centerview Drive, Suite 300, Brentwood, TN 37027

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with current changes in the TennCare program. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval by the Commissioner of F&A.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)



SIGNATURE DATE:

CONTRACT SUMMARY SHEET

RF# Number:	318.66-033	Contract Number:	FA-02-14864-10
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor:	Contract Identification Number:
WINDSOR HEALTH PLAN OF TENNESSEE, INC.	<input type="checkbox"/> V- <input type="checkbox"/> C-

Service Description:
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population


Contract Begin Date:	Contract End Date:
7/1/2001	12/31/2006

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	4AA	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 23,953,123.00	\$ 41,992,567.00			\$	65,945,690.00
2003	\$ 20,079,800.00	\$ 34,576,600.00			\$	54,656,400.00
2004	\$ 16,554,335.33	\$ 30,031,964.15			\$	46,586,299.48
2005	\$ 26,596,250.00	\$ 45,212,450.00			\$	71,808,700.00
2006	\$ 26,596,250.00	\$ 45,212,450.00			\$	71,808,700.00
2007	\$ 14,922,711.00	\$ 27,363,236.00			\$	42,285,947.00
Total:	\$ 128,702,469.33	\$ 224,389,267.15	\$ -	\$ -	\$	353,091,736.48

CFDA#	93.778 Title XIX Dept. of Health and Human Services	Check the box ONLY if the answer is YES:
--------------	---	---

State Fiscal Contract:	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Scott Pierce	Is the Contractor a Vendor? (per OMB A-133)
Address: 310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: Nashville, TN (615)507-6415	

Procuring Agency Budget Officer Approval Signature:	Is the Contractor on STARS?
--	------------------------------------

Scott Pierce 	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE:	12/31/2006		
FY: 02	\$65,945,690.00		
FY: 03	\$54,656,400.00		
FY: 04	\$46,586,299.48		
FY: 05	\$71,808,700.00		
FY: 06	\$71,808,700.00		
FY: 07	\$35,904,350.00	\$6,381,597.00	
Total:	\$346,710,139.48	\$6,381,597.00	

CONTRACT SUMMARY SHEET

Contract Number	318.66-033	Contract Number	FA-02-14864-09
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	WINDSOR HEALTH PLAN OF TENNESSEE, INC.	Contract Identification Number	
------------	--	--------------------------------	--

Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
---------------------	---

Contract Begin Date	7/1/2001	Contract End Date	12/31/2006
---------------------	----------	-------------------	------------

Amendment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	420	134	11	<input type="checkbox"/> STARS		
			Interdepartmental Funds	Total Contract Amount (including ALL amendments)		
FY	State Funds	Federal Funds				
2002	\$ 23,953,123.00	\$ 41,992,567.00			\$	65,945,690.00
2003	\$ 20,079,800.00	\$ 34,576,600.00			\$	54,656,400.00
2004	\$ 16,554,335.33	\$ 30,031,964.15			\$	46,586,299.48
2005	\$ 26,596,250.00	\$ 45,212,450.00			\$	71,808,700.00
2006	\$ 26,596,250.00	\$ 45,212,450.00			\$	71,808,700.00
2007	\$ 12,671,550.00	\$ 23,232,800.00			\$	35,904,350.00
Total	\$ 126,451,308.33	\$ 220,258,831.15	\$ -	\$ -	\$	346,710,139.48

AGENCY	93.778 Title XIX Dept. of Health and Human Services	Check the box ONLY if the answer is YES
State Fiscal Contract		Is the Contractor a SUBRECIPIENT (per OMB A-133)?
Name: Scott Pierce		Is the Contractor a Vendor (per OMB A-133)?
Address: 310 Great Circle Road		Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: Nashville, TN (615)507-6415		Is the Contractor on STARS?

Procuring Agency Budget Officer Approval Signature	Scott Pierce	Is the Contractor's FORM W-9 ATTACHED?
		Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
END DATE	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
FY: 02	\$65,945,690.00		
FY: 03	\$54,656,400.00		
FY: 04	\$46,586,299.48		
FY: 05	\$71,808,700.00		
FY: 06	\$71,808,700.00		
FY: 07	\$35,904,350.00		
Total	\$346,710,139.48	\$0.00	

RECEIVED
APR 03 2006
FISCAL REVIEW

OCR
MAR 27 2006
RECEIVED

OCR
MAR 27 2006
RECEIVED

RECEIVED
MAR 28 AM 11 20
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RES Number	318.66-033	Contract Number	FA-02-14864-08
State/Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
VHP CARE, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2006

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	420	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 23,953,123.00	\$ 41,992,567.00	OCR RELEASED JAN 05 2006 TO ACCOUNTS		\$	65,945,690.00
2003	\$ 20,079,800.00	\$ 34,576,600.00			\$	54,656,400.00
2004	\$ 16,554,335.33	\$ 30,031,964.15			\$	46,586,299.48
2005	\$ 26,596,250.00	\$ 45,212,450.00			\$	71,808,700.00
2006	\$ 26,596,250.00	\$ 45,212,450.00			\$	71,808,700.00
2007	\$ 12,671,550.00	\$ 23,232,800.00			\$	35,904,350.00
Total	\$126,451,308.33	\$ 220,258,831.15		\$	\$	346,710,139.48

CEDAR	93.778 Title XIX Dept. of Health and Human Services	Check the box ONLY if the answer is YES
State Fiscal Contract		Is the Contractor a SUBRECIPIENT (per OMB A-133)?
Name: Scott Pierce		Is the Contractor a Vendor? (per OMB A-133)?
Address: 310 Great Circle Road		Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: Nashville, TN (615)507-6415		Is the Contractor on STARS?
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?
Scott Pierce		Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
END DATE	12/31/2006	
FY: 02	\$65,945,690.00	
FY: 03	\$54,656,400.00	
FY: 04	\$46,586,299.48	
FY: 05	\$71,808,700.00	
FY: 06	\$71,808,700.00	
FY: 07	\$35,904,350.00	
Total	\$346,710,139.48	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED

JAN 09 2006

FISCAL REVIEW

MANAGEMENT SERVICES
OFFICE OF
COMPTROLLER'S OFFICE

DEC 28 PM 2:08

RECEIVED

RECEIVED

DEC 27 2005

Office of Contracts Review

318.66-033

FA-02-14864-07

Department of Finance and Administration

Bureau of TennCare

VHP CARE, INC

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2006

318.66	420	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 23,953,123.00	\$ 41,992,567.00			\$	65,945,690.00
2003	\$ 20,079,800.00	\$ 34,576,600.00			\$	54,656,400.00
2004	\$ 16,554,335.33	\$ 30,031,964.15			\$	46,586,299.48
2005	\$ 26,596,250.00	\$ 45,212,450.00			\$	71,808,700.00
2006	\$ 26,596,250.00	\$ 45,212,450.00			\$	71,808,700.00
2007	\$ 12,671,550.00	\$ 23,232,800.00			\$	35,904,350.00
	\$ 126,451,308.33	\$ 220,258,831.15	\$ -	\$ -	\$	346,710,139.48

93.778 Title XIX Dept. of Health and Human Services

Name: Scott Pierce
 Address: 729 Church Street
 Phone: Nashville, TN
 (615)532-1362

Scott Pierce

	12/31/2006	
FY: 02	\$65,945,690.00	
FY: 03	\$54,656,400.00	
FY: 04	\$46,586,299.48	
FY: 05	\$71,808,700.00	
FY: 06	\$71,808,700.00	
FY: 07	\$35,904,350.00	
	\$346,710,139.48	\$0.00

Pursuant to T.C.A., Section 8-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

318.86-023

Department of Finance and Administration

FA-02-14864-08

Bureau of TennCare

☐ V-
☐ C-

VHP CARE, INC

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001.

12/31/2008

318.66	420	134	11	<input type="checkbox"/> STARS	Total Contract Amount (including ALL amendments)
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	
2002	\$ 23,953,123.00	\$ 41,992,567.00			\$ 65,945,690.00
2003	\$ 20,078,800.00	\$ 34,578,800.00			\$ 54,656,400.00
2004	\$ 16,554,335.33	\$ 30,031,964.15			\$ 46,586,299.48
2005	\$ 26,596,250.00	\$ 45,212,450.00			\$ 71,808,700.00
2006	\$ 26,596,250.00	\$ 45,212,450.00			\$ 71,808,700.00
2007	\$ 12,671,550.00	\$ 23,232,800.00			\$ 35,904,350.00
	\$ 126,451,308.33	\$ 220,258,831.15	\$ -	\$ -	\$ 346,710,139.48
	83.778				

Name: Scott Pierce
 Address: 729 Church Street
 Phone: Nashville, TN
 (615) 532-1382

Scott Pierce



	12/31/2005	12/31/2008
FY: 02	\$65,945,690.00	
FY: 03	\$54,656,400.00	
FY: 04	\$46,586,299.48	
FY: 05	\$46,586,299.48	\$25,222,400.52
FY: 06	\$23,283,149.74	\$48,515,550.28
FY: 07	\$237,067,838.70	\$36,904,350.00
		\$109,642,300.78

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

Contract Number	318.66-033	Contract Title	FA-02-14864-05
State Agency	Department of Finance and Administration	Contracting Agency	Bureau of TennCare

Contractor	VHP CARE, INC	Contract Identification Number	<input type="checkbox"/> V- <input type="checkbox"/> C-
------------	---------------	--------------------------------	--

Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
---------------------	---

Contract Start Date	7/1/2001	Contract End Date	12/31/2005
---------------------	----------	-------------------	------------

Contract Code	Contract Code	Contract Code	Contract Code	Contract Code	Contract Code
318.66	420	134	11	<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$ 23,953,123.00	\$ 41,992,567.00			\$ 65,945,690.00
2003	\$ 20,079,800.00	\$ 34,576,600.00			\$ 54,656,400.00
2004	\$ 16,554,335.33	\$ 30,031,964.15			\$ 46,586,299.48
2005	\$ 16,554,335.33	\$ 30,031,964.15			\$ 46,586,299.48
2006	\$ 8,277,167.67	\$ 15,015,982.07			\$ 23,293,149.74
Total	\$ 85,418,761.33	\$ 151,649,077.37	\$ -	\$ -	\$ 237,067,838.71

Contract Code	93.778
---------------	--------

Name:	Dean Daniel
Address:	729 Church Street
Phone:	Nashville, TN (615)632-1362

Dean Daniel	<i>Dean Daniel 6/22/04</i>
-------------	----------------------------

Contract Code	Contract Code	Contract Code
FY: 02	12/31/2005	
FY: 03		
FY: 04		
FY: 05		
FY: 06		
Total	\$0.00	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
2004 JUN 25 AM 10:25
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

CONTRACT NUMBER	318.66-033	FA-02-14864-04
DEPARTMENT	Department of Finance and Administration	Bureau of TennCare

VENDOR NAME	VHP CARE, INC	<input type="checkbox"/> V- <input type="checkbox"/> C-
-------------	---------------	--

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

START DATE	7/1/2001	END DATE	12/31/2005
------------	----------	----------	------------

CONTRACT NO.	FY	STATE FUNDS	FEDERAL FUNDS	INTERDEPARTMENTAL FUNDS	OTHER FUNDING	TOTAL CONTRACT AMOUNT (INCLUDING ALL AMENDMENTS)
318.66	420	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 23,953,123.00	\$ 41,992,567.00			\$	65,945,690.00
2003	\$ 20,079,800.00	\$ 34,576,600.00			\$	54,656,400.00
2004	\$ 16,554,335.33	\$ 30,031,964.15			\$	46,586,299.48
2005	\$ 16,554,335.33	\$ 30,031,964.15			\$	46,586,299.48
2006	\$ 8,277,167.67	\$ 15,015,982.07			\$	23,293,149.74
	\$ 85,418,761.33	\$ 151,649,077.37	\$ -	\$ -	\$	237,067,838.71

NAME	Dean Daniel
ADDRESS	729 Church Street
PHONE	Nashville, TN (615)532-1362

Dean Daniel *Dean Daniel* 12/23/03

FY	12/31/2005	
FY: 02	\$65,945,690.00	\$0.00
FY: 03	\$54,656,400.00	\$0.00
FY: 04	\$46,586,299.48	\$0.00
FY: 05	\$46,586,299.48	\$0.00
FY: 06	\$23,293,149.74	\$0.00
	\$237,067,838.71	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
DEC 9 1 2003
OFFICE OF THE COMPTROLLER

RECEIVED
DEC 9 1 2003
OFFICE OF THE COMPTROLLER

CONTRACT SUMMARY SHEET

318-66-033

FA-02-14864-03

Department of Finance and Administration

Bureau of TennCare

VHP CARE, INC

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2005

318.66	420	134	11	<input type="checkbox"/> STARS	Total Contract Amount (including ALL amendments)
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	
2002	\$ 23,953,123.00	\$ 41,992,567.00			\$ 65,945,690.00
2003	\$ 20,079,800.00	\$ 34,576,600.00			\$ 54,656,400.00
2004	\$ 16,554,335.33	\$ 30,031,964.15			\$ 46,586,299.48
2005	\$ 16,554,335.33	\$ 30,031,964.15			\$ 46,586,299.48
2006	\$ 8,277,167.67	\$ 15,015,982.07			\$ 23,293,149.74
	\$ 85,418,761.33	\$ 151,649,077.37	\$ -	\$ -	\$ 237,067,838.71

93.778

Name: Dean Daniel
Address: 729 Church Street
Nashville, TN
Phone: (615)532-1362

Dean Daniel

Dean Daniel 6/30/03

	12/31/2005	
FY: 02	\$65,945,690.00	\$0.00
FY: 03	\$54,656,400.00	\$0.00
FY: 04	\$54,656,400.00	-\$8,070,100.52
FY: 05	\$54,646,400.00	-\$8,060,100.52
FY: 06	\$27,328,200.00	-\$4,035,050.26
	\$257,233,090.00	-\$20,165,251.29

Pursuant to T.C.A., Section 9-6-113, 1, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
OFFICE OF
COMPTROLLER'S OFFICE
MANAGEMENT SERVICES

JUL -2- AM 9:00

RECEIVED

RECEIVED

JUN 30 2003

Office of Contracts Review

CONTRACT SUMMARY SHEET

Contract Name	Contract Description	Contract Amount (in Millions)
VHP CARE, INC	<input type="checkbox"/> V- <input type="checkbox"/> C-	

<https://www.industrydocuments.ucsf.edu/docs/2004>

Copyright © 2010 John Wiley & Sons, Ltd.

Activity	Frequency	Duration	Location	Significance
----------	-----------	----------	----------	--------------

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
----	-------------	---------------	-------------------------	---------------	--

93.778	100.000
--------	---------

Name:	Dean Daniel
Address:	729 Church Street

Address:	1220 KENNETH STREET Nashville, TN	
Phone:	(615) 532-1362	

John Daniel *John Daniel* 7/1/10

Dean Powell 7/1/02

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel,
Commissioner of Finance and Administration, do hereby certify that

	\$0.00	\$0.00

CONTRACT SUMMARY SHEET

Contract Number	FA-02-14864-01
Department of Finance and Administration	Bureau of TennCare

VHP CARE, INC	<input type="checkbox"/> V- <input type="checkbox"/> C-
---------------	--

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/01	12/31/05
--------	----------

318.66	420	134	11	<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$ 23,953,123.00	\$ 41,992,567.00			\$ 65,945,690.00
2003	\$ 20,079,800.00	\$ 34,576,600.00			\$ 54,656,400.00
2004	\$ 20,079,800.00	\$ 34,576,600.00			\$ 54,656,400.00
2005	\$ 20,079,800.00	\$ 34,576,600.00			\$ 54,656,400.00
2006	\$ 10,039,900.00	\$ 17,288,300.00			\$ 27,328,200.00
	\$ 94,232,423.00	\$ 163,010,667.00	\$ -	\$ -	\$ 257,243,090.00

93.778	
Name: Dean Daniel	
Address: 729 Church Street	
Phone: Nashville, TN	
(615)532-1362	

Jean Daniel *Dean Daniel* 7/1/02

	12/31/05	
FY: 02	\$65,945,690.00	\$0.00
FY: 03	\$65,945,690.00	-\$11,289,290.00
FY: 04	\$65,945,690.00	-\$11,289,290.00
FY: 05	\$65,945,690.00	-\$11,289,290.00
FY: 06	\$32,972,845.00	-\$5,644,645.00
	\$296,755,605.00	-\$39,512,515.00

Pursuant to T.C.A., Section 8-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.